

# **Final Statement on Garnishment of Periodic Payments**

(Form MC 48)

**STATE OF MICHIGAN  
JUDICIAL DISTRICT  
JUDICIAL CIRCUIT****FINAL STATEMENT ON GARNISHMENT  
OF PERIODIC PAYMENTS****CASE NO.**

Court address

Court telephone no.

Plaintiff's name and address

Defendant's name, address, soc. sec. no. or employee ID no.

**v**

Plaintiff's attorney, bar no., address, and telephone no.

Garnishee's name and address

**When to complete and file this form:**

If you are the defendant's employer, this statement is to be filed within 14 days after the writ expires regardless of changes in the employment status of the defendant during the time that the writ was in effect.

If you are not the defendant's employer, this statement is to be filed within 14 days after you are no longer obligated to make payments to the defendant or after the writ expires, whichever occurs first.

1. This final statement is for a writ of garnishment issued on \_\_\_\_\_.  
Date issued

2. Amount stated on line 2. of Request for Writ of Garnishment ..... \$ \_\_\_\_\_

Less total amount withheld under this writ ..... \$ \_\_\_\_\_

Difference ..... \$ \_\_\_\_\_

Date

Garnishee/Agent/Attorney signature

**CERTIFICATE OF MAILING**

I certify that on:

\_\_\_\_\_ I mailed or personally delivered a copy of this final statement with the court.

\_\_\_\_\_ I mailed or personally delivered a copy of this final statement to the plaintiff/attorney.

\_\_\_\_\_ I mailed or personally delivered a copy of this final statement to the defendant.

Date

Garnishee/Agent/Attorney signature